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<p>Effective on 12/08/2004.</p> <p>Fees pursuant to the Copyright Royalty Collection Act, 2002 (H.R. 4818).</p> <p>FEE TRANSMITTAL For FY 2009</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <p>Application Number 10/153,043-Conf. #2803</p> <p>Filing Date March 30, 2006</p> <p>First Named Inventor Nobuo SAKAGUCHI</p> <p>Examiner Name J. Hama</p> <p>Art Unit 1632</p> <p>Attorney Docket No. 4456-0104PUS1</p>	
<p>TOTAL AMOUNT OF PAYMENT</p> <p>(\$) 1,160.00</p>			

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<u>Small Entity</u>	<u>Small Entity</u>	<u>Small Entity</u>	<u>Small Entity</u>	<u>Small Entity</u>	<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Small Entity</u>	<u>Small Entity</u>
	<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims Extra Claims Fee (\$) **Fee Paid (\$)**


13 - 20 or HP = x = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) **Fee Paid (\$)**

3 - 3 or HP = x = _____

HP = highest number of independent claims paid for, if greater than 3.

SUBMITTED BY				
Signature	 #42874	Registration No. (Attorney/Agent)	28,977	Telephone (703) 205-8000
Name (Print/Type)	Gerald M. Murphy, Jr.			Date January 27, 2009

***A two month Extension of Time has been previously paid on December 29, 2008 in the amount of \$490. Thus, in this filing, we are only paying for the remaining cost for the third month extension of time, which is \$620.